	কাৰে চৰ্মান্ত্ৰী কুৰণ আছে প্ৰায় হৈ কি বাসনাম নিয়া নাম প্ৰায় নিয়া কৰিব। বিষয়ে বিষয়ে বিষয়	- may managament and the second of the secon
PLACE OF BIRTH	ARIZONA STATE BO	ARD OF HEALTH
District of Theamer	BUREAU OF VITAL STATISTICS ORIGINAL CERTIFICATE OF BIRTH	State Index No. 152
or City of	No	Local Registrar No. Ward
2. Full name of child Selection	a Stellie	fif child is not yet named, make supplemental report, as directed.
3. Out of Child To be answered ONLY in event of plural births.	4. Twin, triplet or other	7. Date of blue Month day year
8. FATHER Full name	Full mander page	olina Vielare
Residence (Usual place of abode) If nonresident, give place and state	15. Residence (Uaual place of	College and a
10. Color or race	birthday 3 4 (Years) Kenica	17. Age at last birthday (Years)
12. Birthplace (city or place)	18. Birthplace (city or (State or country	Ment Col
13. Occupation Nature of industry	19. Occupation Nature of industry	Hamile
(Taken as of time of birth of child herein	n) Born slive and now living 21. Were thelm c) Stillbern 6	precautions taken against aph-
11	ATE OF ATTENDING PHYSICIAN OR MI	
*When there was no attending physician midwife, then the father, householder, et should make this return. A stillborn chi is one that neither breathes nor shows oth evidences of life after birth. Given name added from	or Signature (Born alive or stillborn) or Address	(Physician or midwife)
a supplemental report A () Month, day, year Registrar.	153 Filed July 11 :02)	Lecht Registrag, County Registraid.